

Exhibit A—Request for Grade Acceleration for Kindergarten–Grade 5

For questions regarding kindergarten acceleration for a student who is five years old to be initially placed in grade 1, please contact the school counselor.

For all other requests to accelerate a student currently in kindergarten–grade 5 one grade level, please complete this form and return it to the school counselor no later than 30 days prior to the requested test date.

Please refer to the list of all tests available for each grade level, found on the District's web-site before completing this form. Contact the school counselor if you have questions about the availability of tests and dates.

(Please print)

Student information

Student's name: _____

Address: _____

City, state, and zip code: _____

Current grade level: _____

Campus: _____

Contact information of person to call regarding test results

Name: _____

Relationship to student: _____

Phone number: _____

Email address: _____

Test information

Grade level for which you are requesting a test: _____

Requested test date: _____

Parent acknowledgments

By signing this form, I attest that:

- _____ (*student's name*) has not received prior instruction in the grade for which I am requesting a test;
- I have read the information the District has provided to me regarding examinations for acceleration;
- I understand that the District will not provide transportation to the testing site, which might be outside of the District;

ALTERNATIVE METHODS FOR EARNING CREDIT
CREDIT BY EXAMINATION WITHOUT PRIOR INSTRUCTION

- I understand that, in addition to achieving a score of 80 or above in language arts, mathematics, reading, and social studies, the campus principal must also recommend my child for acceleration;
- I understand that if my child fails to achieve the designated score before the beginning of the school year in which he or she would ordinarily be required to enroll in the appropriate grade, then my child will be enrolled in the assigned grade; and
- I approve of my child's acceleration or receipt if he or she meets the passing standard.

Parent's signature: _____

Principal's signature: _____

Date: _____

Principal's recommendation

(Check one)

- The student has met the District's criteria and is recommended for acceleration to grade _____.
- The student is not recommended for grade acceleration for the following reason(s):

Principal's signature: _____

Date: _____